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PROVIDER BULLETIN

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THIS ISSUE

Spinal Injection Policy

TO:

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Purpose

This bulletin supplements Provider Bulletins 01-12 and 02-02 and establishes the Department of Labor and Industries' policy on coverage and payment for spinal injections. This bulletin pertains to State Fund, Self-Insured, and Crime Victims claims.

This policy is effective for dates of service on or after **September 1, 2002**.

Background

In January 2002, the department instituted a policy of requiring fluoroscopy for all spinal injections performed to diagnose or treat musculoskeletal pain. This decision was based on current medical literature, which shows that fluoroscopy increases the likelihood that injections for diagnosing and relieving spine-related musculoskeletal pain will be placed in their intended locations. Fluoroscopy, with contrast when appropriate, allows the provider to verify that needle placement is correct and therefore that the diagnostic or therapeutic injectate is delivered to the correct location.

In March 2002, PB 02-02 stated that the policy implemented in January was held in abeyance until a review of the spinal injection policy was completed. The department has completed its review and decided to revise the policy to allow payment for interlaminar epidural steroid injections done without fluoroscopy in certain situations. This Provider Bulletin provides the details of the department's spinal injection policy effective **September 1, 2002**.

Policy

As of September 1, 2002 the department will adopt the following requirements for payment of spinal injections. Injection codes are divided into three categories:

1. Those that do not require fluoroscopy (Table 1).
2. Those that may be done without fluoroscopy if they are done in an accredited facility (Table 2). **These procedures require fluoroscopy if done in a non-accredited facility or office.**

Accreditation must be by one of the following organizations:

- a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - b. Accreditation Association for Ambulatory Health Care (AAAHC)
 - c. American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF)
 - d. Commission on Accreditation of Rehabilitation Facilities (CARF)
3. Those that require fluoroscopy (Table 3).

Table 1: Spinal Injection Procedures that Do Not Require Fluoroscopy

CPT® Code	Abbreviated CPT® Code Description
62270	Spinal fluid tap diagnostic
62272	Drain spinal fluid
62273	Treat epidural spine lesion

Table 2: Spinal Injection Procedures that May Be Done Without Fluoroscopy If Done in an Accredited Facility

CPT® Code	Abbreviated CPT® Code Description	CPT® Fluoroscopy Codes¹
62310	Inject spine c/t	76005
62311	Inject spine l/s (cd)	76005
62318	Inject spine w/cath, c/t	76005
62319	Inject spine w/cath l/s (cd)	76005

¹ To be payable, bills for the procedure codes in Table 2 must be accompanied by either a) the fluoroscopy code specified above, or b) the place of service code that indicates a facility with one or more of the accreditations specified above. The decision regarding whether to use fluoroscopy or to perform the procedure without fluoroscopy in an accredited facility should be made by the physician, and should be based upon sound medical practice.

Table 3: Spinal Injection Procedures that Require Fluoroscopy

CPT® Code	Abbreviated CPT® Code Description	CPT® Fluoroscopy Codes¹
62268	Drain spinal cord cyst	76003, 76360, 76942
62269	Needle biopsy, spinal cord	76003, 76360, 76942
62280	Treat spinal cord lesion	76005
62281	Treat spinal cord lesion	76005
62282	Treat spinal cord canal	76005
62284	Injection for myelogram	76005, 76360, 76942, 72240, 72255, 72265, 72270
62287	Percutaneous discectomy	76003
62290	Inject for spine disk x-ray	72295
62291	Inject for spine disk x-ray	72285
62292	Injection for disk lesion	72295
62294	Injection into spinal artery	76003, 76005, 76360, 75705
64505	Injection for nerve block	76005, 76003
64408	Injection for nerve block	76005, 76003
64410	Injection for nerve block	76005, 76003
64412	Injection for nerve block	76005, 76003
64413	Injection for nerve block	76005, 76003
64415	Injection for nerve block	76005, 76003
64417	Injection for nerve block	76005, 76003
64418	Injection for nerve block	76005, 76003
64420	Injection for nerve block	76005, 76003
64421	Injection for nerve block	76005, 76003
64425	Injection for nerve block	76005, 76003
64430	Injection for nerve block	76005, 76003

Table 3 Cont'd: Spinal Injection Procedures that Require Fluoroscopy

CPT[®] Code	Abbreviated CPT[®] Code Description	CPT[®] Fluoroscopy Codes¹
64470	Inject paravertebral c/t	76005
64472	Inject paravertebral c/t add-on	76005
64475	Inject paravertebral l/s	76005
64476	Inject paravertebral l/s add-on	76005
64479	Inject foramen epidural c/t	76005
64480	Inject foramen epidural add-on	76005
64483	Inject foramen epidural l/s	76005
64484	Inject foramen epidural add-on	76005

¹One of the indicated fluoroscopy codes must be billed along with the underlying procedure code, or the bill for the underlying procedure will be denied.

Payment

For billing and authorization requirements refer to the department's billing manuals and Provider Bulletins on those subjects. These can be found online at www.lni.wa.gov/hsa or can be obtained by calling the Provider Hotline at 1-800-848-0811.

Payment for the procedures and radiology services listed in Tables 1, 2, & 3 is according to existing policies in the *Medical Aid Rules and Fee Schedules*. The following table is provided as a reference guide.

How the Department Pays for Spinal Injection Procedures

Provider Type	Procedure Type	Payment Method
Physician or CRNA/ARNP	Injection	Professional Component of Professional Fee Schedule
	Radiology	Professional Component of Professional Fee Schedule
Radiology Facility	Injection	No Facility Payment
	Radiology	Technical Component of Professional Fee Schedule
Hospital ¹	Injection	APC or POAC
	Radiology	APC ² or Technical Component of Professional Fee Schedule
ASC	Injection	ASC Fee Schedule
	Radiology	Technical Component of Professional Fee Schedule

¹Payment method depends on a hospital's classification.

²Radiology codes may be packaged with the injection procedure.